

# **Indiana Bicentennial Torch Relay**

# **Torchbearer Program**



#### Overview

The Indiana Bicentennial Torch Relay was created to honor Hoosiers who have demonstrated exceptional public service, achievement, acts of heroism and/or volunteer service to their neighborhood, community, region or state. Torchbearers will be Hoosiers, representing all walks of life. More than 1,800 torchbearers will be selected to carry the torch. A juried nomination process will be employed in each county to select torchbearers. Torchbearers will carry the torch in their county of nomination.

### Torchbearer Nomination Criteria (ALL the following criteria must be met):

- 1. Nominee must be a current or former resident of the **COUNTY** in Indiana in which they are being nominated.
- 2. Nominee can be of any age to participate as a Torchbearer. Those nominees selected as Torchbearers under the age of 14 will be subject to specific rules and requirements for youth.
- 3. Nominee must possess the physical adaptive ability to carry the torch a minimum of .25 miles or engage the assistance of another person or mounting bracket.
- 4. Nominee, if selected, is required to complete a Torchbearer Waiver Form. If nominee is under 18, a parent/guardian signature will be required to complete the Torchbearer Waiver Form.
- 5. Posthumous nominations will be accepted. A substitute Torchbearer can be submitted to carry on behalf of the nominee.
- 6. Nominee may be subject to criminal background check.

## One of the two following criteria must be met:

- 1. They will have achieved personal and/or professional excellence or celebrity status OR
- 2. Torchbearers will have made an outstanding contribution to their neighborhood, community, region or state through service, stewardship, and/or involvement.

#### **Nominator Criteria**

- 1. There are no restrictions on the number of nominations any one person is permitted to submit.
- 2. Self-nominations will not be accepted.
- 3. Anonymous nominations will not be accepted.
- 4. Nominators must submit a completed form. Partial or incomplete forms will not be accepted.

#### **Methods of Nomination**

#### **Email**

- 1. Writable PDF form can be downloaded from www.indiana2016.org/torchrelay.
- 2. Complete form, save and email back as an attachment.
- 3. Nomination forms submitted via email should be made to the designated county contact as indicated on www.indiana2016.org/torchrelay.

#### Print

1. Printed nomination forms may be completed and submitted via U.S. Mail or dropped off at a county designated location.

County designated locations (addresses) are available at www.indiana2016.org/torchrelay

## **NOMINATION FORM**

**Nominator Information First Name Last Name Address** City State **Zip Code** Phone # **Email Torchbearer Nominee Information First Name Last Name** Age Range: 10 to 18 26 to 35 46 to 55 66 to 75 Gender 19 to 25 36 to 45 56 to 65 75 + **Address** City State County of **Years of Residence Zip Code** Nomination

If yes, please include name of substitute person that will carry the torch on behalf of the Nominee above.

**Posthumous Nomination** 

Name of Substitute Torchbearer

No

**Email** 

Relationship to Torchbearer

Nomination Statement (Not to exceed 250 words)

**Current Resident of County Yes** 

Phone #

Include details of service and contribution to the county and or state, acts of heroism or valor, historical value/implications, etc.

If the space provided is insufficient, please attach additional paper to the nomination form.



No

Yes